Effective October 1, 2003

Application or Docket Number
66171.105003

| CLAIMS AS FILED - PART I  |  |   |               |                                      |                   |                  |                                       | SMALL ENTITY |                        |    | OTHER THAN                            |                        |  |
|---|--|---|---------------|--------------------------------------|-------------------|------------------|---------------------------------------|--------------|------------------------|----|---------------------------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | (Column 1)    |                                      | (Column 2)        |                  | 7                                     | TYPE [       |                        | OR |                                       | ENTITY                 |  |
| TOTAL CLAIMS  |  |   | 10            |                                      |                   |                  | ŀ                                     | RATE         | FEE                    | ]  | RATE                                  | FEE                    |  |
| FOR   |  |   | NUMBER FILED  |                                      | NUMBER EXTRA      |                  |                                       | BASIC FE     | E 385.00               | OR | BASIC FEE                             | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | / 0 minus 20= |                                      |                   |                  |                                       | X\$ 9=       |                        | OR | X\$18=                                |                        |  |
| INDEPENDENT CLAIMS  |  |   | / . m         | inus 3 =                             | •                 |                  |                                       | X43=         |                        | OR | X86=                                  |                        |  |
| M   | JLTIPLE DEPE   | NDENT CLAIM P                             | RESENT        | <del></del>                          |                   |                  |                                       | +145=        |                        | OR | +290=                                 |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |               |                                      |                   |                  | l                                     | TOTAL        | -                      | OR | <u> </u>                              | 770                    |  |
| CLAIMS AS AMENDED - PART II   |  |   |               |                                      |                   |                  |                                       | OTHER THAN   |                        |    |                                       |                        |  |
| _   | 100  | / (Column 1)                              | ir            | (Colun                               |                   | (Column 3)       | ,                                     | SMALL        | ENTITY                 | OR | SMALL                                 |                        |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |               | NUME<br>PREVIO<br>PAID F             | ER<br>USLY        | PRESENT<br>EXTRA |                                       | RATE         | ADDI-<br>TIONAL<br>FEE |    | RATE                                  | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | .17                                       | Minus         | <del>-</del> 2                       | $\mathcal{O}^{-}$ | <b>-</b> ()      |                                       | X\$ 9=       |                        | OR | X\$18=                                |                        |  |
| AME   | Independent  | NTATION OF MU                             | Minus         | *** 52                               | <u> </u>          | = <u> </u>       |                                       | X43=         |                        | OR | X86=/                                 |                        |  |
|   | PINOT PRESE  | MATIONOFIN                                |               | CIADEIAI                             | CLANVI            |                  | <b>'</b> [                            | +145=        |                        | OR | +290=                                 |                        |  |
|   |  |   |               |                                      |                   |                  |                                       | TOTAL        |                        | OR | TOTAL                                 | \.                     |  |
| ADDIT. FEEON ADDIT. F |  |   |               |                                      |                   |                  |                                       |              |                        |    |                                       |                        |  |
| 8   | *  | CLAIMS                                    |               | HIGHE                                | ST                |                  | ÌГ                                    |              | ADDI-                  | 1  | · · · · · · · · · · · · · · · · · · · | ADDI-                  |  |
| AMENDMENT E   |  | REMAINING<br>AFTER<br>AMENDMENT           |               | NUMB<br>PREVIOI<br>PAID F            | JSLY              | PRESENT<br>EXTRA |                                       | RATE         | TIONAL<br>FEE          |    | RATE                                  | TIONAL<br>FEE          |  |
| NON   | Total  | *   | Minus         | **                                   |                   | 8                |                                       | X\$ 9=       |                        | OR | X\$18=                                |                        |  |
| AME   | Independent  | *   | Minus         | ***                                  |                   | =                |                                       | X43=         |                        | OR | X86=                                  |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |               |                                      |                   | ╽┟               | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |              | OA                     |    |                                       |                        |  |
|   | •  |   |               |                                      |                   |                  |                                       | +145=        |                        | OR | +290=                                 |                        |  |
|   |  |   |               |                                      |                   |                  |                                       |              |                        | OR | TOTAL<br>ADDIT. FEE                   |                        |  |
|   |  | (Column 1)                                |               | (Colum                               |                   | (Column 3)       |                                       |              | •                      |    |                                       |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGHE<br>NUMBE<br>PREVIOU<br>PAID FO | ST<br>ER<br>ISLY  | PRESENT<br>EXTRA |                                       | RATE         | ADDI-<br>TIONAL<br>FEE |    | RATE                                  | ADDI-<br>TIONAL<br>FEE |  |
| ğ   | Total  | •   | Minus         | **                                   |                   | e .              |                                       | X\$ 9=       |                        | OR | X\$18=                                |                        |  |
|   | Independent  |   | Minus         | ***                                  |                   |                  | -                                     | X43=         | 7.7                    |    | X86=                                  |                        |  |
| 7   | FIRST PRESE  | NTATION OF MU                             | LTIPLE DEP    | ENDENT (                             | LAIM              |                  | 1                                     | A-0=         |                        | OR | ∧00±                                  |                        |  |
| • #   | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |   |               |                                      |                   |                  |                                       |              |                        | OR | +290=                                 |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."   |  |   |               |                                      |                   |                  |                                       |              |                        |    |                                       |                        |  |
| ĭ   | ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |               |                                      |                   |                  |                                       |              |                        |    |                                       |                        |  |